

FEDERAL EMPLOYEE BENEFITS

**2002 OPEN SEASONS
FEHB, TSP, LTC**



Employee Express - Microsoft Internet Explorer

view any of the items, select the corresponding feature view/change button. Employee Express will then display your detail information and guide you through the change process.

Earnings and Leave

Gross Pay	\$ 0.00
Net Pay	\$ 3,212.73
Annual Bal	
Sick Bal	
Comp Bal	

View

Federal Tax

Filing Status	M
Exemptions	03
Additional	\$0.00

View / Change

State Tax

Filing Status	S
Exemptions	01
Additional	\$0.00

View / Change

Direct Deposit

Bank Routing Code	256074974
Account Number	02458
Account Type	Checking

View / Change

Financial Allotment

Allotment 1	100.00
Allotment 2	200.00

View / Change

FEHB

Plan	Mail Handlers
Code	452

View / Change

**** New **** The FEHB Plan Comparison Link
Do you want to compare health plans?

Get Started

Thrift Savings Plan

Pay Period Deduction	10%
----------------------	-----

View / Change

Home Address

201 POPLAR ROAD	
ST LEONARD	
MD	20685

View / Change

Savings Bonds

Number of Bonds	2
Pay Period Deduction	\$39.25

View / Change

PIN Change

Select the button below to change your Employee Express Personal Identification Number (PIN)

Change PIN

Done

Internet

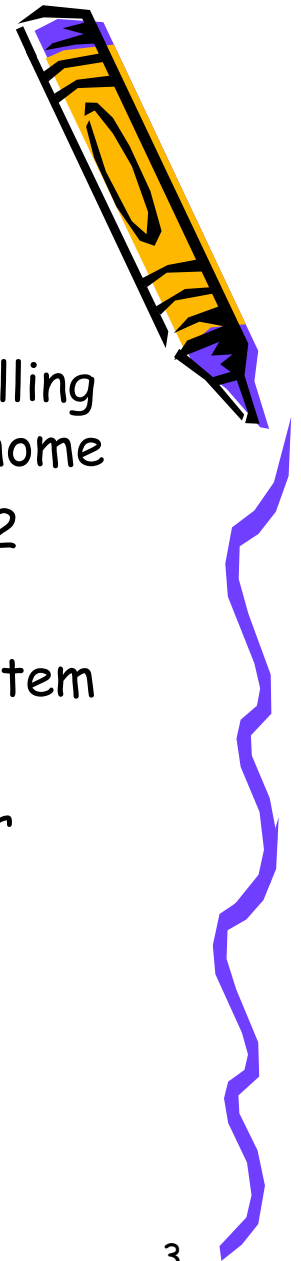
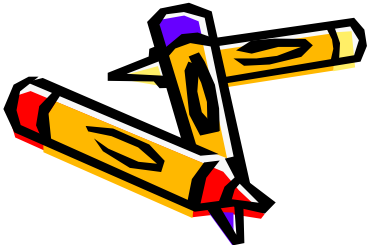
Start

E...Mi...D...D...Q...E...E...E...

10:31 AM

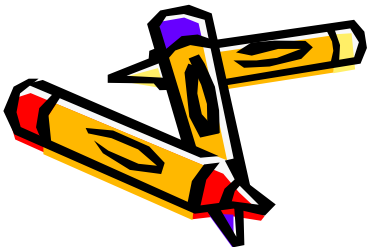
EMPLOYEE EXPRESS

- Available 24 hours per day/7 days a week
- Can be reached at www.employeeexpress.gov or by calling (478) 757-3169 from work or (800) 571-3453 from home
 - TDD (478) 757-3117 from work or (888) 880-0412 from home
- Downloads nightly to the NASA Personnel Payroll System (NPPS)
- At your request, issues an e-mail confirmation of your transaction
- Processes requests for new PINs by e-mail the next business day



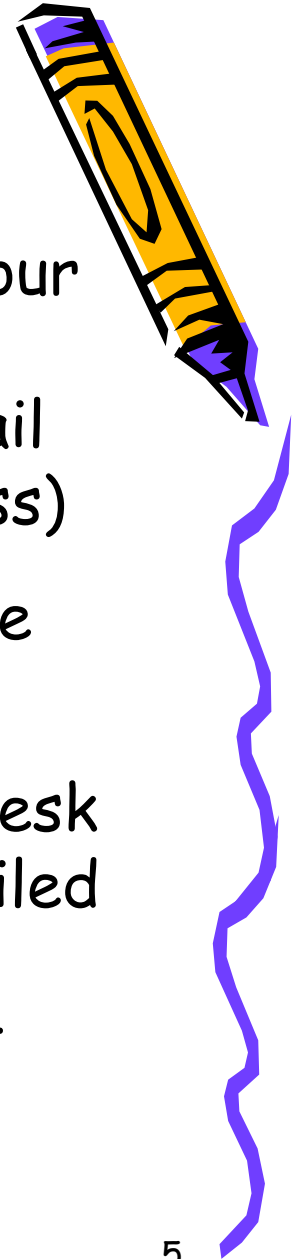
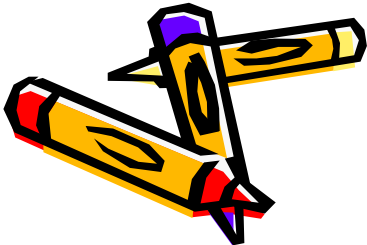
TIPS ON USING EMPLOYEE EXPRESS

- The system will verify your change and an approximate effective date will be given
- Continue through the transaction and request a confirmation
- Maintain a copy of the confirmation
- PIN numbers are issued to new employees within 4-6 weeks of employment



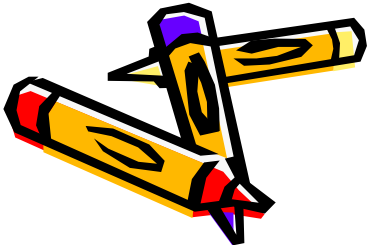
REQUESTING A NEW PIN

- To request a new PIN online, you will need your SSN, current TSP contribution amount or percentage, current FEHB code, a valid e-mail address (preferably your work e-mail address)
- Online requests for PINs will be e-mailed the following business day
- You may request a PIN by calling the Help Desk at (478) 757-3030. The new PIN will be mailed to your address of record in NPPS the next business day, taking 7 to 10 days for receipt



PROBLEMS USING EMPLOYEE EXPRESS

- If you have problems using employee express, bring your PIN to the Benefits Office and we will assist you
- You are cautioned not to make multiple transactions to TSP or FEHB during open seasons. NPPS only picks up the first transaction, and subsequent transactions will be in error)
- Contact the Benefits Office or Payroll if you need to make an additional change



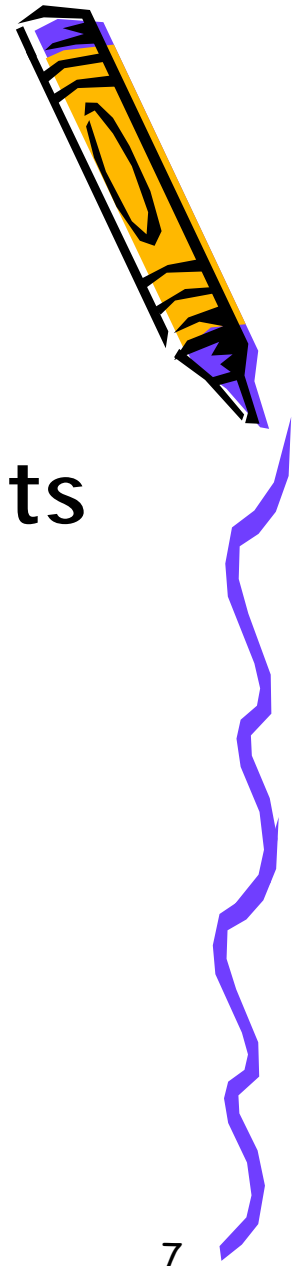
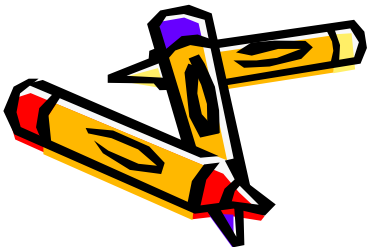
OPEN SEASON

Federal Employee Health Benefits

November 11, 2002

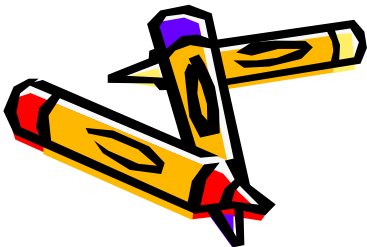
through

December 9, 2002



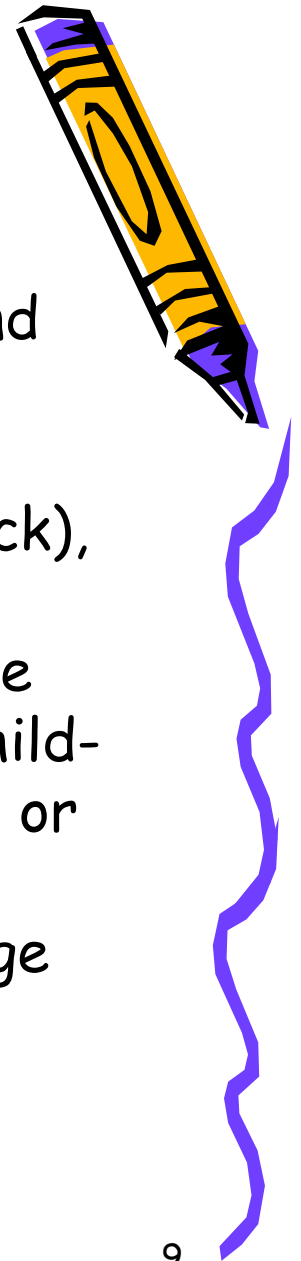
OPEN SEASON ENROLLMENT OPPORTUNITIES

- You may enroll during the open season if you are an eligible employee. If you are enrolled, you may change plans, options, or type of enrollment
- If you do not want to make a change in health plans, you should not take any action at all. Just be sure to review how the plan changes and how your premium WILL increase. Do not rely solely on the premiums or comparison chart to make your decision. Carefully review the plan brochure
- You may elect to waive premium conversion, cancel, or change from a family to self only enrollment



ELIGIBLE FAMILY MEMBERS

Family members eligible for coverage under self and family enrollment are your spouse and unmarried dependent children under age 22, including legally adopted and recognized natural (born out of wedlock), and children who meet certain dependency requirements. Stepchildren and foster children are included if they live with you in a regular parent-child-relationship. An unmarried dependent child age 22 or over who is incapable of self support because of a mental or physical disability that existed before age 22 is also an eligible family member.



HUSBAND AND WIFE ACCOUNTS

Before Premium Conversion:

If both you and your spouse are Federal employees and there are no eligible children it may be more beneficial to have 2 self-only enrollments.

After Premium Conversion:

If both are current employees a family enrollment might cost more in premium, but be more beneficial in lowering taxable income.

Or, if your spouse is retired (retirees are not eligible for premium conversion) it may be better if you switch your spouses enrollment to yours. *THAT IS, IF YOUR SPOUSE IS NOT COVERED BY MEDICARE!*



OPEN SEASON EFFECTIVE DATES

- Most open season changes will be effective January 12, 2003
- Employees in a leave-without-pay status will have their enrollment changes effective at the beginning of a pay period following a pay period in which they were in a pay status
- Belated Open Season changes will be retroactive to January 12, 2003



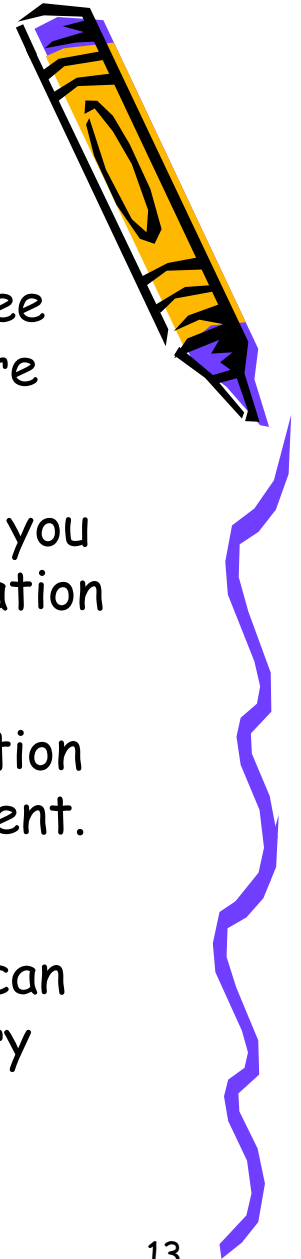
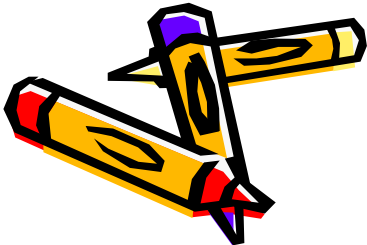
ENROLLMENT CHANGES

- Changes must be made through Employee Express
- Employee Express is available 24 hours per day, 7 days a week
- Employee Express can be reached at www.employeeexpress.gov, or by calling (478) 757-3169 from work, or (800) 571-3453 from home
 - TDD numbers: (478) 757-3117 from work or (888) 880-0412 from home



IDENTIFICATION CARDS

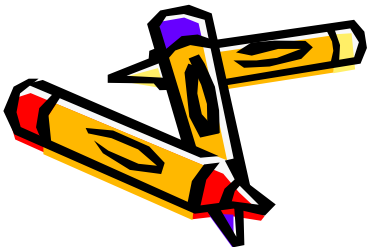
- Employees whose changes are made through Employee Express should receive their enrollment cards before the effective date of the change
- In the event that you do not receive your cards and you need medical attention, your confirmation is verification of your enrollment
- In an emergency, copies of the enrollment confirmation can be faxed to the carrier to expedite the enrollment. Contact the Benefits Office
- Employees whose changes are filed via an SF-2809 can expect to receive their cards by the end of February



HOW PREMIUMS ARE CALCULATED

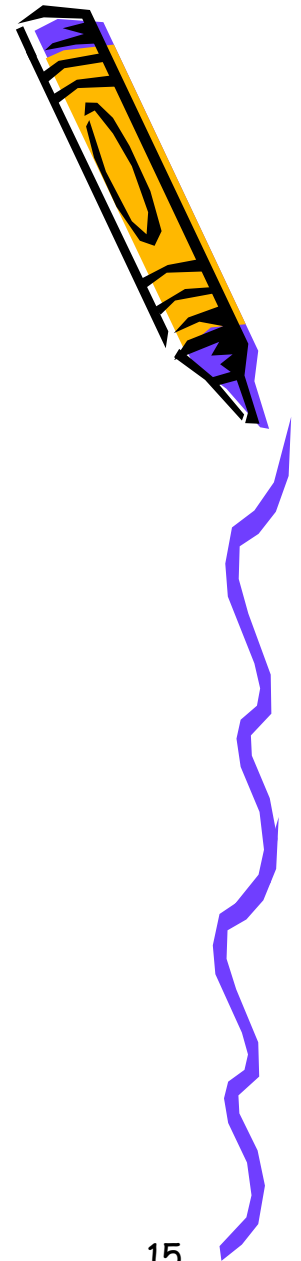
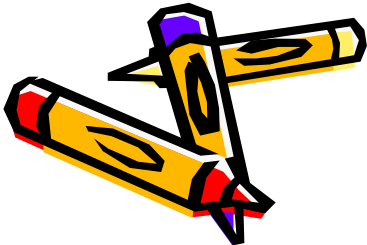
The Government contribution is equal to the lesser of:

- (1) 72 percent of the amount OPM determines is the program wide, weighted average of subscription charges for the type of enrollment the individual selects, or
- (2) 75 percent of the subscription charge for a particular plan



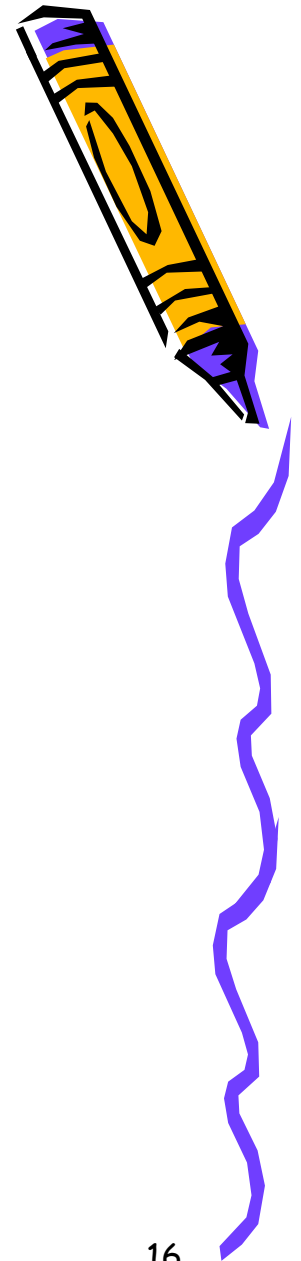
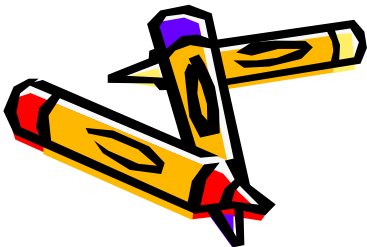
AVERAGE PREMIUM INCREASE

- 2003 - 11 percent
- Compares to 20 percent nationwide
- Primary Cost Drivers
 - Improvements In Medical Technology
 - Increased Utilization
 - Fraud And Abuse
 - Prescription Drugs



THE 5-YEAR RULE

The 5-year law requires that you be enrolled in the FEHB Program, not a specific plan, for 5 continuous years in order to carry the coverage into retirement. This applies to regular, disability retirement, and OWCP.



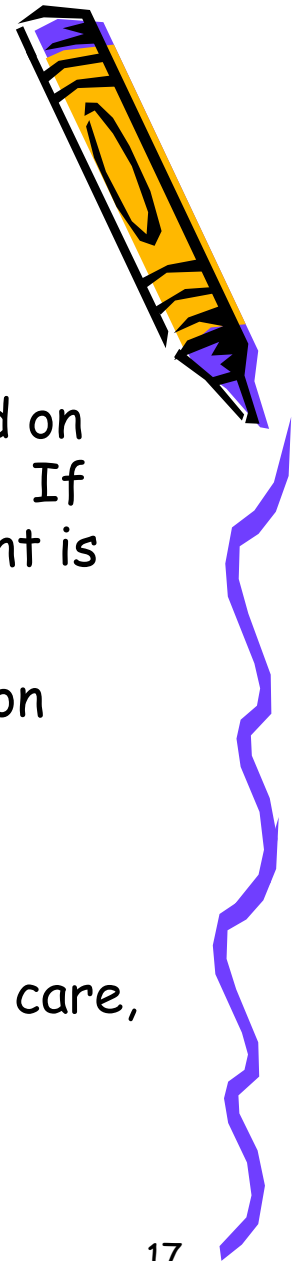
AVAILABLE PLANS

■ Fee-For-Service (FFS)

- Choose any doctor or hospital. Benefits paid based on whether or not the provider is in the PPO network. If the provider is not in the PPO network your payment is subject to plan deductibles and copayments
- The most up-to-date listing of PPOs is maintained on your plan Web site

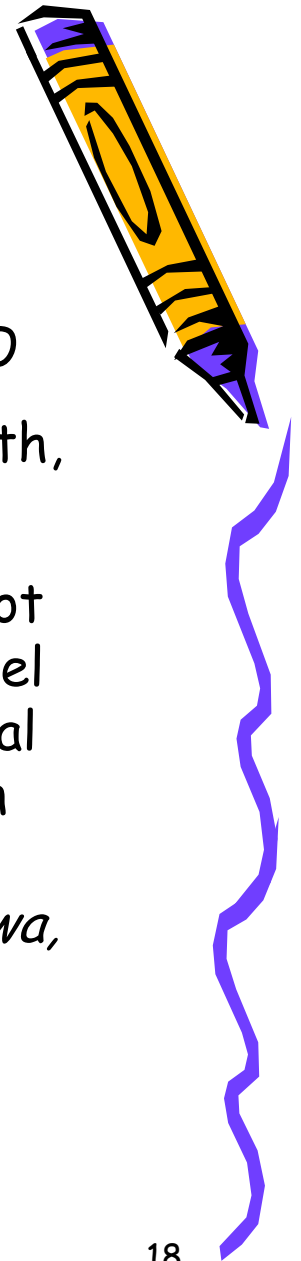
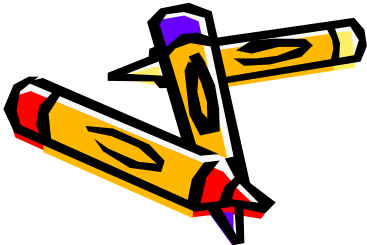
■ Health Maintenance Organization (HMO)

- Members must choose a PPO. The PCP coordinates care, referrals, and pre-certification



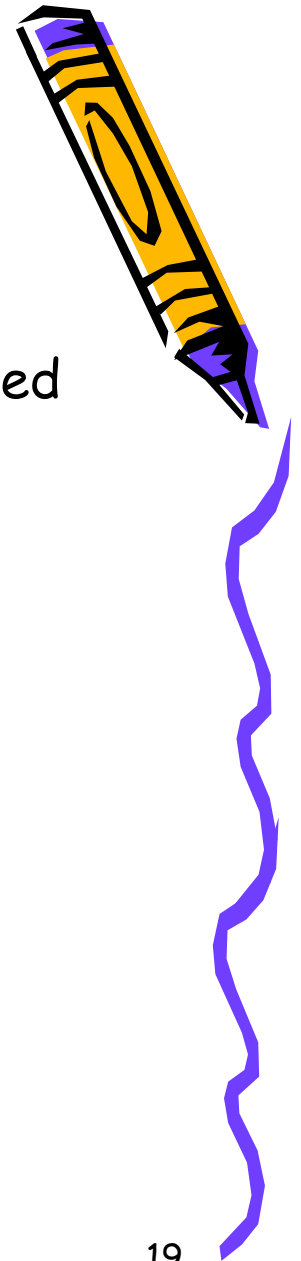
PLANS CHANGING NAMES OR SERVICE AREAS

- HMP Health Maintenance Plan will be called Blue HMO
- Aetna U.S. Healthcare, Inc. will be called Aetna Health, Inc.
- Aetna Health Plan, Enrollees in the 7D code who do not change their plan during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2003. *This affects the following counties: Allen, Crawford, Erie, Hancock, Hardin, Henry, Lucas, Ottawa, Putnam, Sandusky, Seneca and portions of Auglaize, Fulton, Huron, and Wood.*



PROGRAMWIDE CHANGES

- Premium increases, with the exception of the Postmasters, Aetna, HMO Health Ohio, and SuperMed HMO plans
- OPM's Notice of Privacy Practice is included in plan brochures
- A section on the Children's Equity Act is included in brochures
- Check your plan brochure for new pre-certification requirements for certain diagnostic tests, MRI, CAT scans, etc.



ALLIANCE HEALTH BENEFIT PLAN

- Deductible increased to \$200 single/\$600 family
- Increased catastrophic limit
- Emergency room copay increased to \$50
- Increased copay for retail and mail order prescription drugs
- Non-PPO benefit now paid at 80 percent, previously paid at 90 percent
- Eliminated the per admission deductibles for hospital inpatient
- Added benefits for blood cholesterol and colonoscopy screenings



APWU HEALTH PLAN

- Plan now covers colonoscopy every 10 years over age 50 for colorectal screening
- Plan now covers one double contrast barium enema every 5 years for colorectal cancer screening
- Plan now covers one fasting lipoprotein profile every 5 years for adults over age 20
- Increased catastrophic for non PPO providers to \$8000
- Physical, speech and occupational therapy limited to a maximum of 60 combined visits per calendar year
- Home health services limited to 25 visits for skilled nursing care per calendar year



APWU HEALTH PLAN (Continued)

■ New Consumer Driven Option

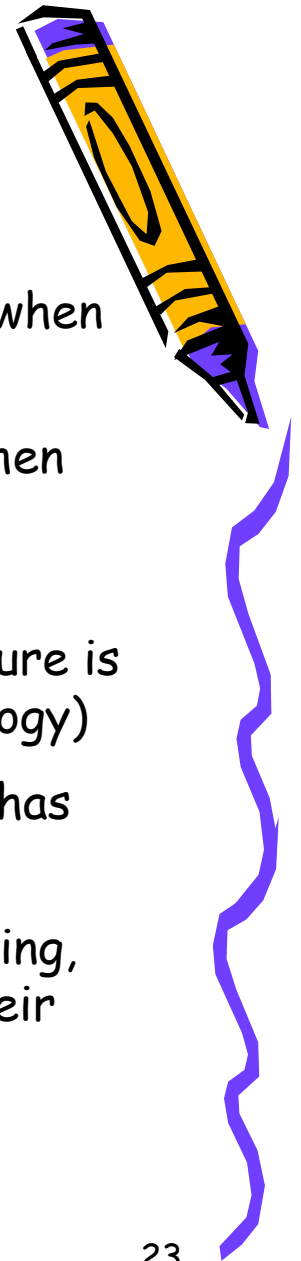
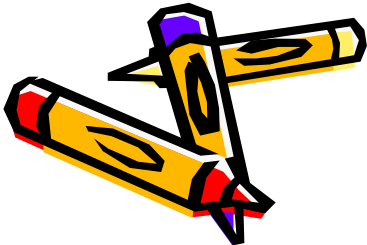
- You receive a Personal Care Account (PCA) of \$1,000 self or \$2,000 family, which you use first to pay 100 percent covered expenses, including some dental/vision care services
- Unused PCA benefits may be rolled over to increase your PCA in the following year(s)
- In-network preventive care services are paid at 100 percent and do not count against your PCA
- You receive access to important health tools and resources to help you effectively shop for and manage your health care and wellness services

■ Review the brochure



GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION (GEHA)

- Coverage is now provided for charges from an Audiologist when medically necessary
- Coverage is now provided for Orthognathic surgery only when conservative treatment has failed for severe sleep apnea
- Certain outpatient radiology procedures now require precertification through MedSolutions, before the procedure is scheduled. (CAT Scans, MRIs, MRAs PET, Nuclear Cardiology)
- The name of the prescription drug program Merck-Medco has changed to Medco Health
- Change in PPO networks. For current, most up-to-date listing, check the Web site or confirm with your provider as to their PPO status



GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION (GEHA) (Continued)

- Changes in High Option:
 - Increase in Calendar Year Deductible
 - Change in prescription drug copayments
 - Addition of In-Patient hospital expenses at PPO hospitals, including in-network. Mental health admissions are now subject to a \$100 per admission deductible, up to a maximum of two per person per calendar year. In-hospital expenses at Non-PPO hospitals are now subject to a \$300 per admission deductible
- No changes to Standard Option Benefits
- New initiatives available at www.geha.com



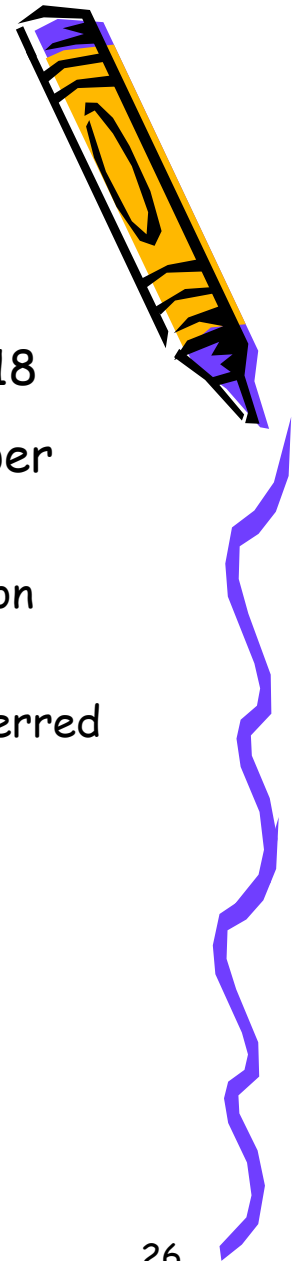
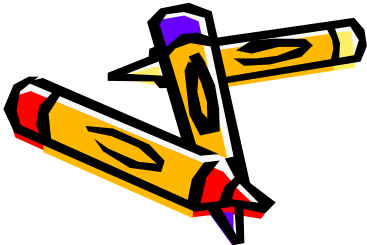
GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION (GEHA) (Continued)

- Web Accounts - Review processed claims and claim information
- Online newsletter - Health e-Report
- Supplemental CONNECTION Programs
 - CONNECTION Dental provider network discount
 - CONNECTION Vision
 - CONNECTION Hearing
 - CONNECTION Dental Plus (additional cost)



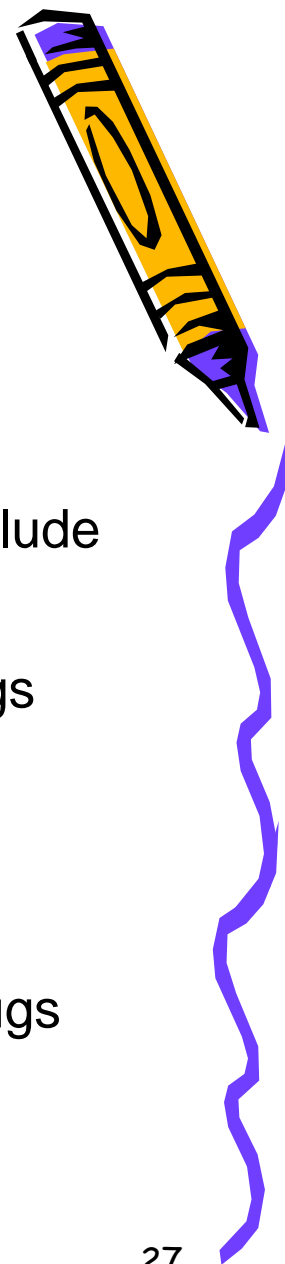
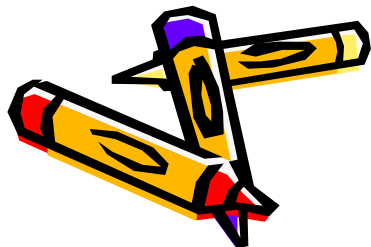
MAIL HANDLERS BENEFIT PLAN

- Increased calendar year deductibles
- Standard Option - increased PPO copay for office visits to \$18
- Prescription drug copay at a retail pharmacy, subject to the per year prescription drug deductible:
 - High Option: \$7 generic, \$23 preferred brand name and \$35 non preferred brand name
 - Standard Option: \$8 generic, \$28 preferred and \$40 non preferred
- Increased catastrophic out of pocket limit
- Added a national transplant program
- Added coverage to colorectal cancer screening for one colonoscopy every 10 years for members over age 50



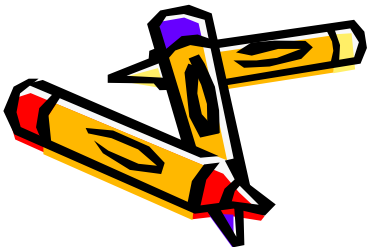
NALC HEALTH BENEFIT PLAN

- Added coverage for fasting lipoprotein profile under Preventive care for adults
- Increased colorectal cancer screening coverage to include colonoscopy and double contrast barium enema
- Eliminated copay for certain preventive care screenings and immunizations for adults when seen by a PPO
- Clarified that limited benefits apply for organ/tissue transplants when other coverage is the primary payer
- Change in prescription drug copay for brand name drugs



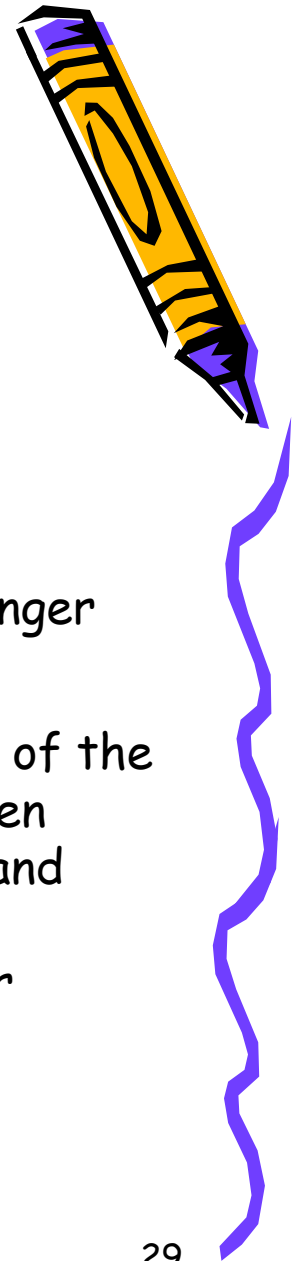
PBP HEALTH PLAN (POSTMASTERS)

- Decrease in premiums - Standard and High Option
- Increased inpatient maternity
- Increased inpatient stay after mastectomy
- Pre-approval required for PET scans
- Standard Option decrease copay for PPO office visit
- Decreased copay for generic drugs - both options



Service Benefit Plan (Blue Cross and Blue Shield)

- Standard and Basic Options:
 - No change in calendar year deductible
 - No change in copay for office visits
 - No change in prescription drug copay
- Prior approval for outpatient cardiac rehabilitation is no longer required
- Blue Quality Centers for Transplants (BQCT) are now part of the network of Preferred Providers. These Centers have proven success rates for transplant operations and related care, and also meet quality criteria. Under both options, you are not responsible for any copayments or coinsurance amounts for professional services related to the transplant



SERVICE BENEFIT PLAN (BLUE CROSS AND BLUE SHIELD) (Continued)

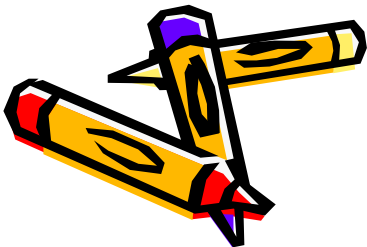
- PPO directory same for both Standard and Basic Options. Up-to-date information available at www.fepblue.org
- Non-FEHB Choice:
 - Vision: \$43 eye exams, discounts on frames, lenses, LASIK and PRK
 - Complimentary and Alternative Medicine
 - Discounts on national networks of chiropractors, acupuncturists and massage therapists
 - Discounts on vitamins, minerals, supplements, etc
 - Blue Health Connection:
 - 24-hour nurse advice line



AETNA US HEALTHCARE

- Primary Care physician copay - no change
- Specialty care physician copay - no change
- Hospitalization - copay increased to \$250/750 max
- Increased copay to \$100 per visit for emergency care in ER or urgent care center
- Prescription Drugs:
 - Generic-Formulary \$10 copay
 - Brand-name Formulary \$25 copay
 - Nonformulary \$40 copay

If you are in enrollment code 7D and live or work in the following counties: Allen, Crawford, Erie, Hancock, Hardin, Henry, Lucas, Ottawa, Putnam, Sandusky, Seneca, Auglaize, Fulton, Huron and Wood, you must select another FEHB plan during Open Season. If you do not select another plan you will be covered only for emergency care in 2003.



BLUE HMO (FORMERLY HMP)

- No change in co-pay for physician office visits
- No change in Hospitalization benefits
- Prescription Drugs

Retail:

\$10 generic

\$20 formulary name brand

\$30 non-formulary name brand

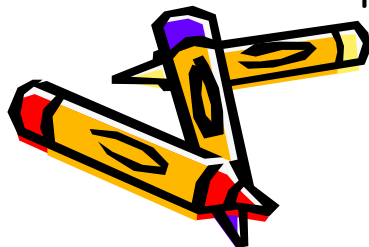
Mail Order - up to 90 day supply

\$20 generic

\$40 formulary name brand

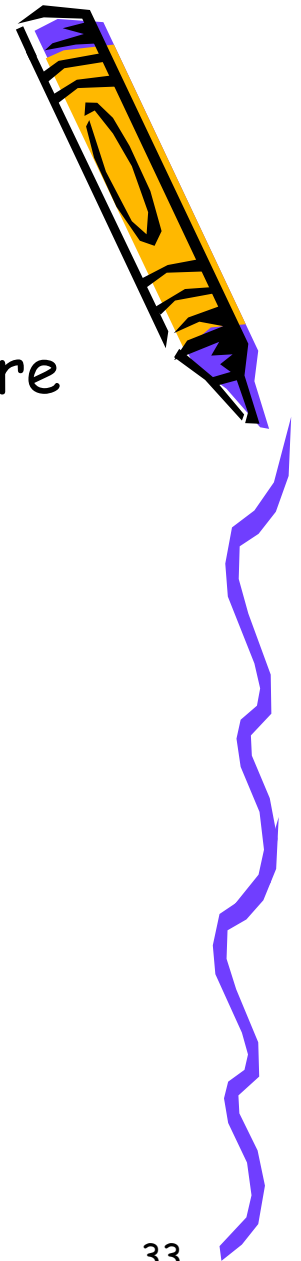
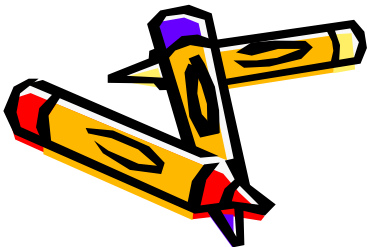
\$60 non-formulary name brand

- Durable Medical Equipment - \$20 copay
- Dental - Preventive service covered in full, other services 80-percent copay
- Special features:
 - Discounts on Health and Wellness Products
 - Complementary Medicine and Alternative therapies



HMO HEALTH OHIO

- Plan no longer waives \$10 copay for Medicare primary members
- Eye refraction benefit - must use Cole Network Managed Vision provider
- Plan added a \$10 copay for physical, occupational, and chiropractic therapies



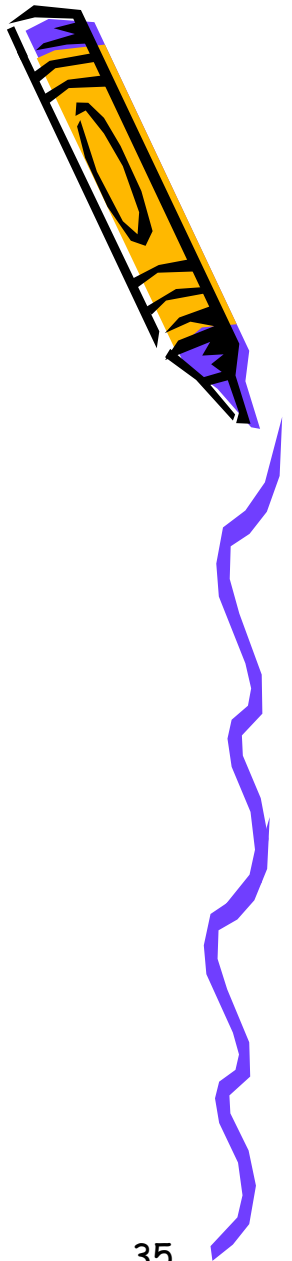
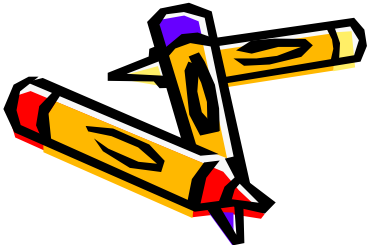
Kaiser Foundation Health Plan

- Home visits by physician covered at no charge
- Now cover lipoprotein profile and double contrast barium enemas
- Reduced the number of covered visits for physical and occupational therapies
- Reduced the number of covered visits for speech therapy
- Offer educational classes to stop smoking
- Increased copay for outpatient hospital or ambulatory surgical center services
- Changed the time for notification of an emergency admission to a non-plan facility from 48 to 24 hours



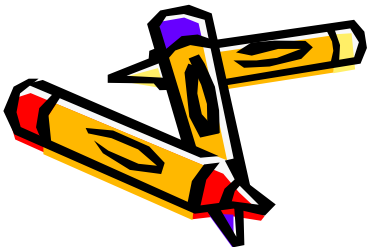
SUMMA HEALTHCARE

- Prescription drug copays:
 - Retail - 30-day supply:
 - \$8 generic
 - \$15 preferred list brand name
 - \$30 non preferred list brand name
 - Mail Order - 90-day supply
 - \$16 generic
 - \$30 preferred list brand name
 - \$60 non preferred list brand name
- Fertility medications are not covered



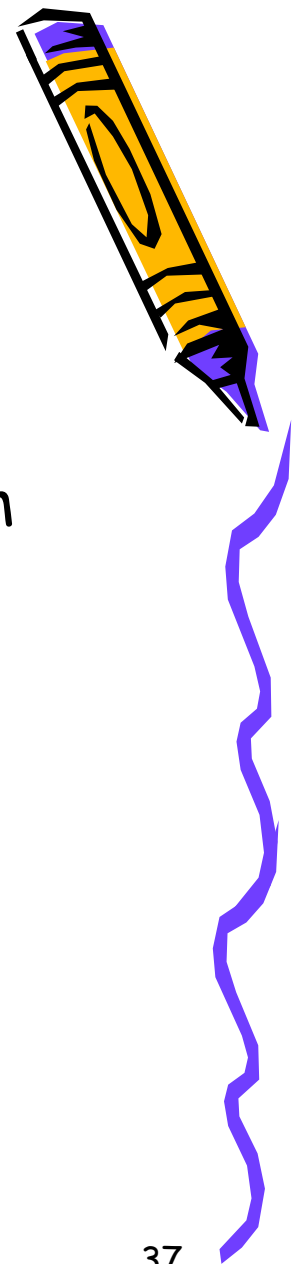
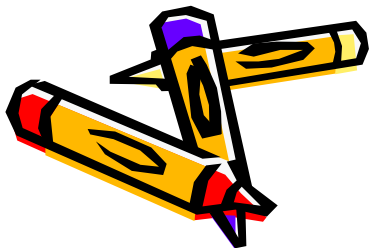
SUPER MED HMO

- Plan no longer waives the \$10 copay for Medicare primary members
- Plan added \$10 copay for physical, occupational and chiropractic therapies
- Eye refraction - members must use the Cole Network Managed Vision providers



ADDITIONAL HELP IN CHOOSING A HEALTH PLAN

<http://www.checkbook.org/newhig2/hig.cfm>



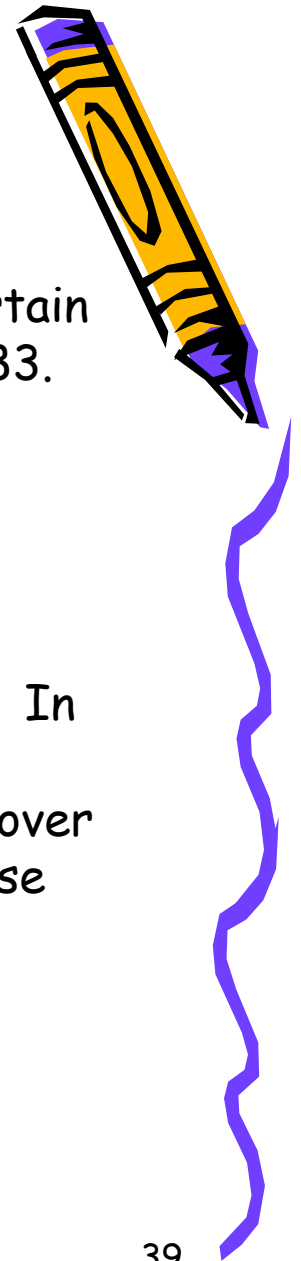
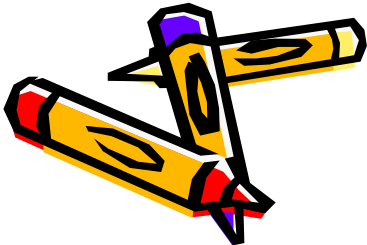
TEMPORARY CONTINUATION OF COVERAGE (TCC)

- Employees who are separating, for reasons other than gross misconduct, can carry FEHB for up to 18 months, paying 102 percent of the premium
- Former spouses and children turning 22 or getting married can carry FEHB for up to 36 months, paying 102 percent of the premium
- Eligible employees, former spouses, and children turning 22 must contact the Benefits Office for information concerning enrollment timeframes and opportunities



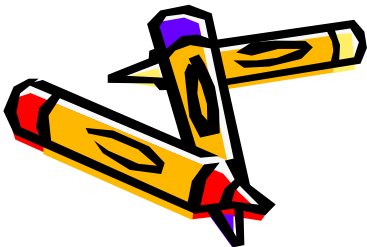
MEDICARE AND FEHB

- Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) is coverage for those over age 65, or certain disabled is free for anyone who retired after January 1, 1983. It covers inpatient hospital charges
- Medicare Part B costs \$50 per month and covers outpatient medical expenses, with the exception of prescription drugs
- Anyone covered by an employer health plan and eligible for Medicare can elect Part A and waive Part B until retirement. In this instance Medicare waives the 10-percent penalty on the Medicare premium. The penalty is 10 percent for each year over 65 that you do not elect Part B. This is recommended because while still employed the employees health plan is the primary payer and you are subject to both the plan and Medicare deductibles and copayments



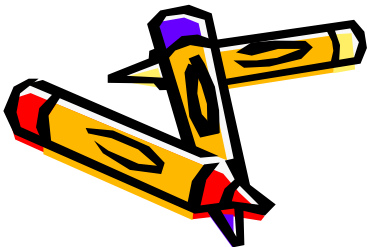
MEDICARE AND FEHB (Continued)

- As an annuitant, Medicare is primary and the fee for service plan is secondary. In most cases the FEHB Fee for Service plan will waive their deductibles and copayments if an annuitant is covered by Medicare Parts A and B. The annuitant then is reimbursed for medical care at 100 percent
- Service Benefit Plan Basic Option (NEW)
- If the provider is not PPO BC will not pay. Only Medicare will be paid subject to deductibles



TRICARE FOR LIFE

- TRICARE For Life is a comprehensive health care coverage for Medicare eligible beneficiaries age 65 and over. It acts as a secondary payer to Medicare, offers hassle free claims processing and World Wide coverage
- The Office of Personnel Management (OPM) has issued an interim rule to allow TRICARE eligible FEHB Program annuitants and former spouses to suspend their FEHB enrollments, and then return to the FEHB Program during the Open Season, or return to FEHB coverage immediately if they involuntarily lose TRICARE coverage. The intent of this rule is to allow TRICARE eligible beneficiaries to avoid the expense of continuing to pay FEHB Program premiums while they are using TRICARE coverage, without endangering their ability to return to the FEHB Program in the future



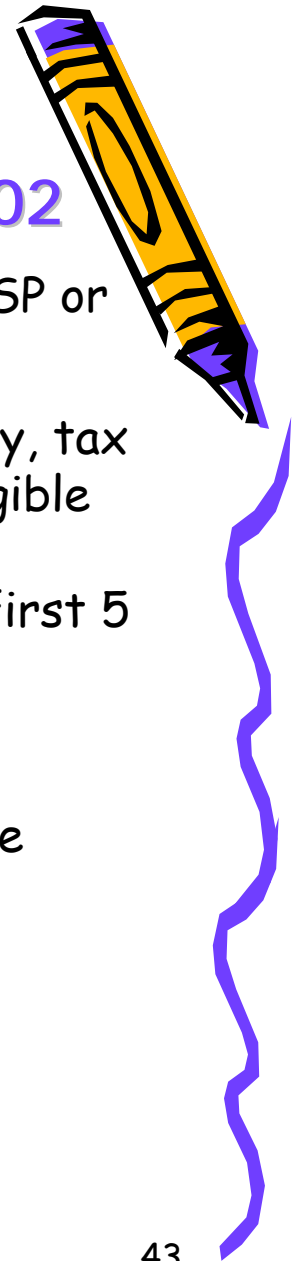
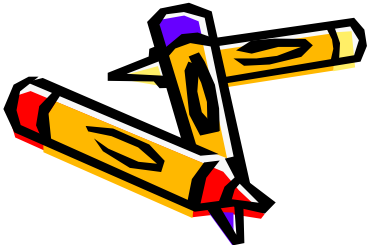
TRICARE FOR LIFE (Continued)

- Under previous FEHB regulations, an annuitant or former spouse who canceled his or her FEHB coverage to use TRICARE coverage would not be allowed to return to FEHB coverage. Therefore, OPM has issued these interim regulations, to allow these FEHB participants to suspend, rather than cancel, their FEHB coverage when they begin TRICARE coverage. Under this rule, they are allowed to return to FEHB coverage immediately if they involuntarily lose TRICARE coverage or, if not, during the next annual FEHB Open Seasons



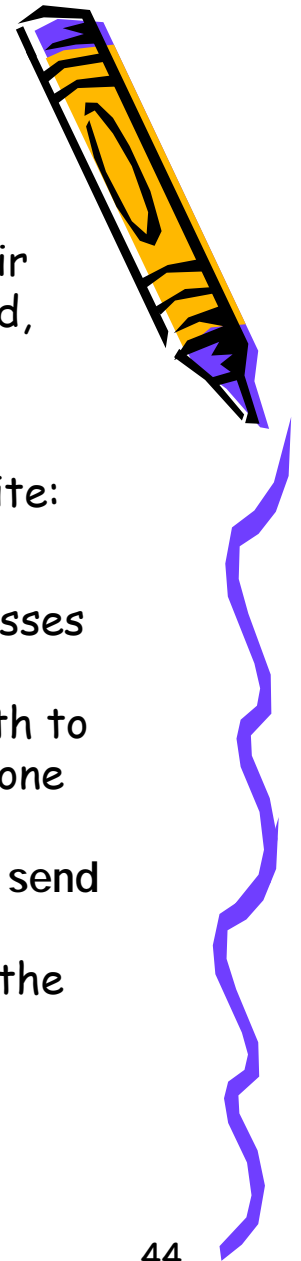
TSP OPEN SEASON OCTOBER 15 THROUGH DECEMBER 31, 2002

- During the open season you may begin contributing to the TSP or change the amount of your contributions
- FERS employees can contribute up to 13 percent of their pay, tax free, during this open season. Only FERS employees are eligible for the Agency automatic 1% and the Agency matching contributions. Agency matching contributions apply to the first 5 percent of pay that you contribute each pay period
- CSRS employees can contribute up to 8 percent
- The IRS limit on tax deferred contributions for 2003 will be \$12,000
- Participant statements will be mailed the end of November
- Loan interest rate for new loans is 4.375 percent



TSP OPEN SEASON (Continued)

- With the exception of new employees who have not yet received their Employee Express PIN or a TSP account has not yet been established, ALL Open Season changes must be made through Employee Express.
- Fund Allocations: Your biweekly contributions can be changed at anytime through the Account Access menu choice on the TSP Web site: www.tsp.gov or by submitting a TSP-50 to the Thrift Board.
- Interfund Transfers (movement of your old money): The TSP processes interfund transfer requests monthly, effective as of the end of the month. You must make an interfund transfer by the 15th of the month to be effective at the end of the month. Interfund transfers can be done through the Account Access menu choice on the TSP Web site: www.tsp.gov or by submitting a TSP-50 to the Thrift Board. Do not send the form in a Government franked envelope, they will not be processed. A confirmation of your request will be sent to you from the Thrift Board.



TSP Rates of Return

Rates of Return were updated on November 4, 2002.

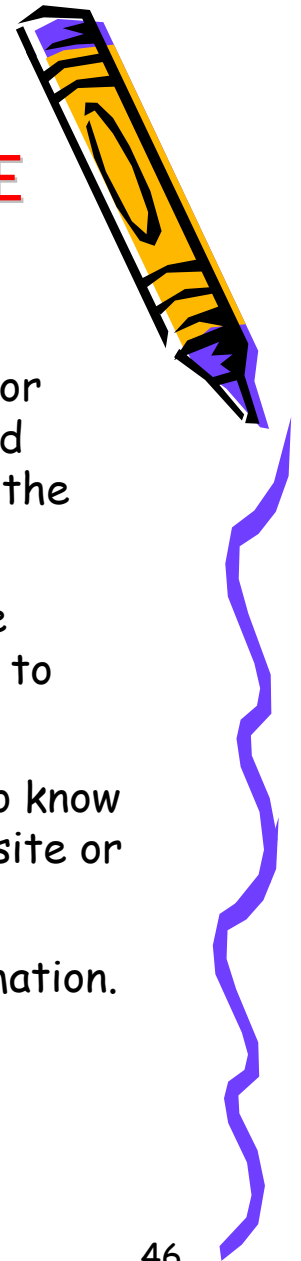
	G Fund	F Fund	C Fund	S Fund	I Fund
October 2002	0.33%	(0.44%)	8.77%	3.38%	5.42%
Last 12 Months* (11/1/2001 - 10/31/2002)	5.07%	5.91%	(15.10%)	(8.99%)	(13.46%)

* The G, F, C, S, and I Fund returns for the last 12 months assume, except for the crediting of earnings, unchanging balances (time-weighting) from month to month and assume earnings are compounded on a monthly basis.



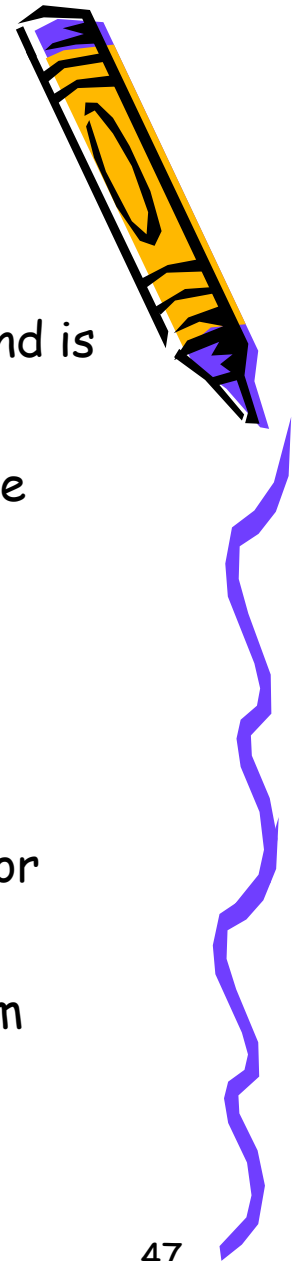
FEDERAL LONG TERM CARE INSURANCE

- Open season now through December 31, 2002.
- The Federal Long Term Care Program is an important new benefit for over 20 million members of the Federal family, including Federal and Postal employees and annuitants, members and retired members of the uniformed services and qualified relatives
- OPM has contracted with John Hancock and MetLife to provide the insurance. They formed a company called Long Term Care partners to administer this program
- Information, frequently asked questions and everything you need to know about Federal Long Term Care is available at either the OPM Web site or at the Long Term Care Partners site
- There is still time to request an information packet and rate information. Rates are based on your age as of July 1, 2002



FEDFLEX BENEFITS PLAN

- Should be available June/July 2003
- Was created before premium conversion implementation; and is now being revised
- Needed to qualify as a cafeteria plan under internal revenue code 125
- Will include:
 - Healthcare flexible spending account (FSA)
 - Dependent care FSA
- Developed by OPM to remain competitive with private sector employers
- Under Fedflex, an allotment of salary will be deducted from gross salary for tax purposes



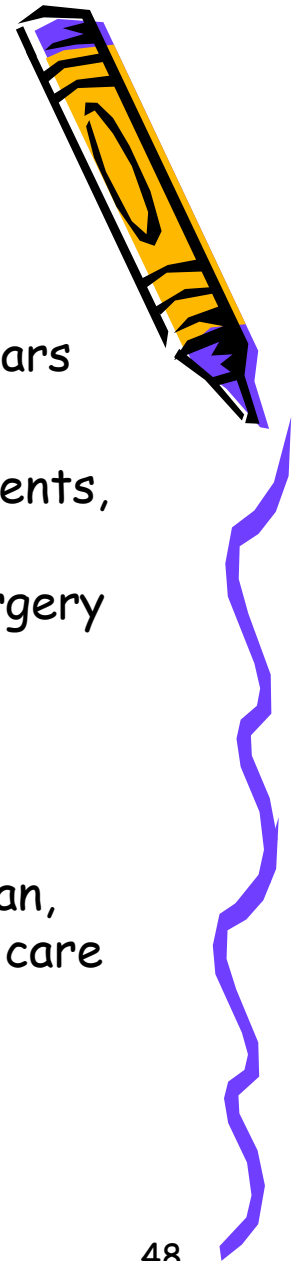
FEDFLEX BENEFITS PLAN (Continued)

■ Examples

- Paying health insurance premiums with before tax dollars (Premium Conversion)
- Healthcare FSA: For health plan deductibles, copayments, coinsurance, and non-covered but tax deductible expenses; i.e., non-covered dental services or lasik surgery
- Dependent Care FSA: Eligible children and adults, expense must be necessary to allow employee to work

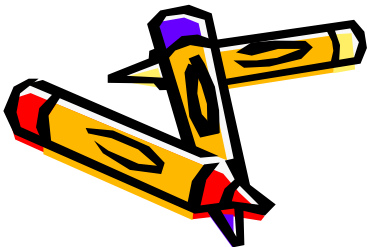
■ What benefits could be included?

- Medical benefits, vision benefits, prescription drug plan, dental benefits, group term life insurance, dependent care assistance plans, long- and short-term disability, accidental death and dismemberment insurance



FEDFLEX BENEFITS PLAN (Continued)

- Flexible spending accounts would require a positive election each year
- Employee take-home pay is greater than for the same premium paid on a traditional after-tax basis
- Employee agrees to reduce pay by allotment
- Employee saves money on taxes
- Government can compete better with private sector for employees
- No changes without a qualifying life event
- OPM will contract with a third party administrator



FEDFLEX BENEFITS PLAN (Continued)

- Claims reimbursement
 - Employees submit claims against the FSA account
 - Valid claims are reimbursed on a pre-tax basis
 - Amounts not claimed at the end of the year forfeited
 - Usually 90 to 180 days after end of year to submit claims



Important Web Sites



OPM: www.opm.gov

Employee Express: www.employeeexpress.gov

Thrift Savings Plan: www.tsp.gov

Long Term Care: www.opm.gov/insure/ltc/index.htm

NASA People: <http://nasapeople.nasa.gov/>

NASA Employee Benefits Statement: <http://nasapeople.nasa.gov/NEBS/index.htm>

Today at Glenn: <http://gbulletins.grc.nasa.gov/>

